

City Council
Len Torres, *President*
Fran Adelson, *Vice President*
Anthony Eramo
Eileen J. Goggin
Scott J. Mandel

CITY OF LONG BEACH



City Manager
Jack Schnirman

**Assistant Superintendent
of Parks and Recreation**
Paul Ferrante

PARKS AND RECREATION DEPARTMENT

CELEBRATE THE START OF A SAFE & HEALTHY SUMMER!
FABULOUS 4TH RACE
IN MEMORY OF SEAN RYAN

1K CHILDREN'S FUN RUN – 8:00 a.m.
5K Race – 8:30 a.m.

Saturday, JULY 4, 2015



REGISTRATION: 1K Fun Run is \$5.00 for children 17 years of age and younger
5K Early Registration \$25.00 before Friday, July 3, 2015 at 12:00 p.m.
5K Late Registration \$30.00 day of race from 7:00 – 8:00 a.m.

REGISTER ONLINE WWW.ACTIVE.COM

SEND ENTRIES TO: Fabulous 4th 5K Race
Long Beach Recreation Department
700 Magnolia Boulevard
Long Beach, NY 11561 (Payable to City of Long Beach)

COURSE: Accurately measured 5-K (3.1 miles), flat and fast course.
Start & finish on the boardwalk at Laurelton Boulevard
Race timing by FINISH LINE Road Race Technicians
No baby strollers allowed on race course.

AWARDS: Awards to the first four male and female winners in each age category: 14 & under, 15 – 19, 20 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, 45 – 49, 50 – 54, 55 – 59, 60 – 64, 65 – 69, 70 – 74, 75-79, 80+; first overall male & female finishers; first Long Beach male & female finishers; first in wheelchair division and first male & female Active Military/Veteran finishers.

T-SHIRTS: Will be given to all registrants at number pick up on DAY OF RACE beginning at 7:00 a.m. on the boardwalk at Laurelton Boulevard



For information or applications visit
www.longbeachny.gov/rec
or call the Rec Center (516) 431-3890.

Join us for our next race,
the Larry Elovich 5K Fun Run on
Saturday, August 1st



2015 Fabulous 4th Race in Memory of Sean Ryan (Registration - please print clearly)

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Long Beach Parks and Recreation Department and the City of Long Beach their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this run and my physical condition has been verified by a licensed medical doctor.

PRINT NAME _____ **M**____ **F**____ **1K**____ **5K**____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **TEL. #** _____

AGE on 7/4 _____ **D.O.B.** _____ **LBPD** _____ **WHEELCHAIR** _____

E-MAIL _____

SIGNATURE _____ **PARENT SIGNATURE** _____

(If under 17 years of age)

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ **AMOUNT PAID** _____ **DATE** _____ **STAFF** _____

